



TO: Outreach Partners and Interested Parties

FROM: *Prescription Advantage*

Date: February 26, 2007

BULLETIN

This bulletin is one in a series of routine updates regarding Prescription Advantage . These notices are designed to inform a broad network of outreach partners and other interested parties about Plan updates affecting both current and future Plan members.

Members No Longer Deemed Eligible for Full Extra Help

In September 2006, several Prescription Advantage members were notified by Medicare that they are no longer deemed eligible for full Extra Help in 2007. Prescription Advantage requires members to apply for Extra Help if they *may* qualify, but do not get it automatically .

The attached letter will be sent to these members to inform them that although they will no longer receive full Extra Help automatically, they may still qualify for some level of financial assistance from Medicare. The letter also provides information on how to apply for Extra Help as well as information about asset limits.

In early April, members that have not provided Prescription Advantage with a copy of a confirmation receipt and/or determination letter from Social Security , or the Verification of Resources form, will be sent a second reminder letter.

Eligible members that fail to apply for Extra Help or attest to having assets over the limit will lose their Prescription Advantage benefits on April 30, 2007.



<Date>

PA ID #

<Name>

<Address>

<City>, <State> <Zip>

Dear Member's name:

In September 2006, you received a notice from the Centers for Medicare & Medicaid Services informing you that effective January 1, 2007, you would no longer **automatically** qualify for Extra Help. This means that the costs for your Medicare prescription drug coverage may change.

Although you will no longer receive full Extra Help automatically, you may still qualify for some level of financial assistance from Medicare. Prescription Advantage requires members who *may* qualify for Extra Help, but do not get it automatically, to **apply** for it. You must submit an Extra Help application to Social Security in order to continue receiving Prescription Advantage benefits.

The following page explains what you need to do to protect your Prescription Advantage benefits. If you do not complete these requirements, **your Prescription Advantage benefits will be terminated effective April 30, 2007.**

What You Need to Do to Protect Your Prescription Advantage Benefits

If Your Resources are too high to qualify for Extra Help

To qualify for Extra Help, your assets cannot be more than \$11,710 for a single person or more than \$23,410 for a married couple. If your Resources are more than these amounts, please complete the enclosed **Verification of Resources** form and return it to Prescription Advantage at the address listed below. You will not be required to apply for Extra Help and your Prescription Advantage benefits will continue without interruption.

If Your Resources Qualify You for Extra Help

You must re-apply for Extra Help. You may apply by any of the following methods:

1. Contact Social Security
 - Social Security can process your application over the phone or send you an application form. You can also apply for Extra Help on -line using Social Security's web site. Social Security can be reached at:
 - 1-800-772-1213
 - 1-800-325-0778 (TTY)
 - on the web, www.socialsecurity.gov
2. Call Prescription Advantage Customer Service.
 - Prescription Advantage can help you apply for Extra Help over the phone. Please call:
 - 1-800-AGE-INFO (1-800-243-4636)
 - 1-877-610-0241 (TTY)

Note: If you receive a request for additional information from Social Security, *you must respond to it promptly* and provide Social Security with any information that they request.

When you receive a confirmation receipt and determination letter from Social Security, send a copy to:

Prescription Advantage
Attn: Benefit Coordination Department
P.O. Box 15153
Worcester, MA 01615-0153

If you have any questions about this letter or your Prescription Advantage benefits, please call Customer Service at 1-800-AGE-INFO (1-800-243-4636) or TTY (toll free) for the deaf and hard of hearing at 1-877-610-0241.

Sincerely,

Prescription Advantage

Deleted: 2/26/2007

Verification of Resources:

Member Name:

Member ID:

If you believe that your resources exceed the eligibility requirements for Extra Help, please check the appropriate box below, sign the bottom of this page and mail this form to:

Prescription Advantage
Attn: Benefit Coordination Department
P.O. Box 15153
Worcester, MA 01615-0153

If you are single, a widow(er) or your spouse does not live with you :

☐ I certify that my savings, investments and real estate (other than my home) are worth more than \$11,710.

If you are married and living with your spouse :

☐ I certify that our savings, investments and real estate (other than our home) are worth more than \$23,410.

Please include the things you own by yourself, with your spouse or with someone else. **Do not include your home, burial plots or personal possessions.**

Signatures

I hereby certify, under the pains and penalties of perjury, that I have examined all the information on this form and that it is true, complete, and correct to the best of my knowledge and belief.

If you are acting on behalf of someone who is unable to complete this form because of a physical or mental condition, by signing this form, you are declaring that the information submitted and any accompanying or supplemental information is true, complete, and correct to the best of your knowledge and belief.

X _____ Date: _____
Signature of member (or designee if the member is unable to complete this form)

X _____ Date: _____
Signature of member's spouse (or designee if the spouse is unable to complete this form)